

EFFECTIVENESS OF AN INFORMATION BOOKLET IN IMPROVING GOVERNMENT PRIMARY SCHOOL TEACHERS' KNOWLEDGE ON THE MANAGEMENT OF MINOR AILMENTS AMONG SCHOOL CHILDREN IN AIZAWL, MIZORAM: A DESCRIPTIVE STUDY

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Abstract : Minor ailments are common, mild health conditions among school children such as fever, upper respiratory tract infections, diarrhea, epistaxis, and minor cuts. These conditions are usually non-serious and can be effectively managed in school settings with basic first aid knowledge and timely intervention. The present study aimed to evaluate the effectiveness of an Information Booklet in improving the knowledge of Government Primary School Teachers regarding the management of minor ailments among school children in Aizawl, Mizoram. A pre-experimental one-group pre-test post-test research design was adopted. A total of 64 Government Primary School Teachers from 8 schools were selected using a non-probability convenience sampling technique. Data were collected using a self-structured questionnaire to assess socio-demographic variables and knowledge regarding minor ailments. The pre-test total score had a mean of **14.10** with a standard deviation of **2.757**, indicating a moderate level of knowledge among the teachers before the administration of the information booklet. The scores ranged from a minimum of **8** to a maximum of **20**. The post-test total score showed an increased mean of **20.81** with a standard deviation of **2.031**, demonstrating an improvement in the teachers' knowledge after the intervention. The post-test scores ranged from **16** to **25**. The paired samples t-test was conducted to compare the knowledge scores of Government Primary School Teachers before and after the administration of the information booklet regarding the management of minor ailments among school children. The findings revealed that the mean difference between the pre-test and post-test scores was **-6.746**, indicating that the post-test scores were higher than the pre-test scores. The calculated t-value was **-15.891** with **62 degrees of freedom (df)**. The obtained p-value was **0.000**, which is less than the level of significance of 0.05. This indicates that there was a statistically significant difference between the pre-test and post-test knowledge scores. Therefore, the information booklet was effective in improving the knowledge of Government Primary School Teachers regarding the management of minor ailments among school children.

Keywords: Minor ailments, Information booklet, Government Primary School Teachers, Knowledge improvement, First aid management, School health.

INTRODUCTION

Minor ailments, though common, require timely and appropriate management to prevent complications. Improper handling of conditions such as fever, diarrhea, or minor injuries can lead to worsening of symptoms or secondary infections. Early recognition and management are therefore critical components of child healthcare (World Health Organization, 2022).^[1]

Health education interventions such as structured teaching programs, workshops, and information booklets have been widely used to improve knowledge among teachers. Among these, information booklets are particularly advantageous as they are cost-effective, easy to distribute, and provide consistent information that can be revisited multiple times. Research has demonstrated that information booklets significantly enhance knowledge retention among participants (Sharma & Kaur, 2022).^[2]

Many primary school teachers had inadequate knowledge and insufficient training in first aid, emphasizing the importance of educational programs to enhance their ability to manage common health problems in school children.^[3]

NEED OF THE STUDY

Minor ailments such as fever, cough, cold, diarrhea, vomiting, minor wounds, and skin infections are highly prevalent among school-aged children. These conditions, although often considered mild, can significantly affect children's physical comfort, classroom participation, and overall academic performance. If not managed properly at an early stage, minor ailments may progress into more serious health problems, leading to increased absenteeism and decreased learning outcomes. (World Health Organization [WHO], 2021).^[4]

OBJECTIVES OF THE STUDY

- 1) To assess the pre-test knowledge level of Government Primary School Teachers regarding management of minor ailments among school children.
- 2) To assess the post-test knowledge level of Government Primary School Teachers after administration of the information booklet.
- 3) To evaluate the effectiveness of the information booklet by comparing the pre-test and post- test knowledge scores.
- 4) To find out the association between pre-test knowledge scores and selected demographic variables.

HYPOTHESES

H₁: There is a significant difference between pre-test and post-test knowledge scores of Government Primary School Teachers regarding management of minor ailments after administration of the informational booklet.

H₂: There is a significant association between pre-test knowledge scores and selected demographic variables.

ASSUMPTIONS

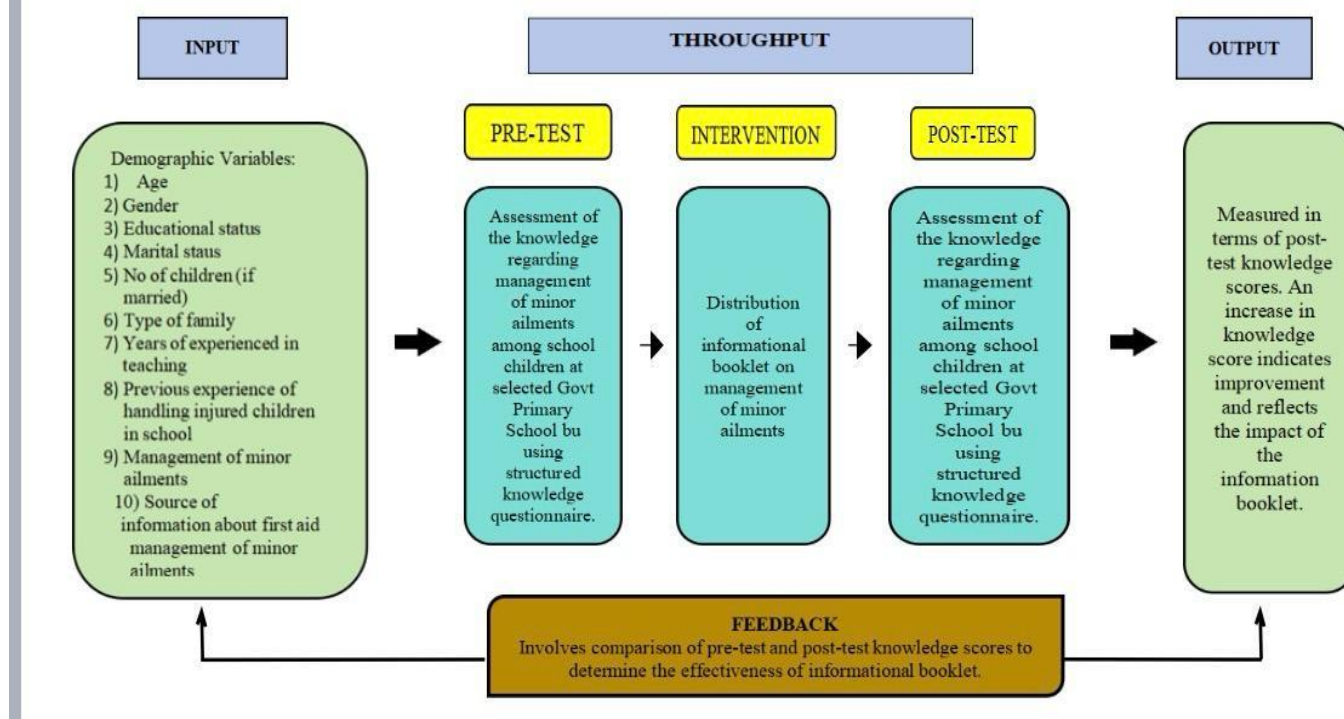
- 1) The Government Primary School Teachers may have varying levels of knowledge regarding the management of minor ailments.
- 2) An informational booklet may enhance their knowledge and confidence in managing minor ailments.

CONCEPTUAL FRAMEWORK

The conceptual framework adopted for the present study is based on “General System Theory” by Ludwig Von Bertalanffy in the year 1968. A system is a group of cohesive, interesting elements or sections that work together as a whole. The elements of the General System Theory are Input, Throughput, Output and Feedback.

- 1. Input :** In this study, input refers to the initial characteristics that influence the system. It includes demographic variables such as age, gender, educational qualification, years of teaching experience, and previous health training of Government Primary School Teachers. The pre-test knowledge score regarding management of minor ailments among school children also forms part of the input. These factors help in understanding the baseline knowledge and background characteristics of the participants.
- 2. Throughput (Process) :** Throughput refers to the intervention or action that transforms the input into output. In this study, the informational booklet serves as the educational intervention. Teachers read and understand the content related to management of minor ailments. This process enhances their knowledge and provides scientific information required for school health care.
- 3. Output :** Output is the result obtained after the intervention. Here, it is measured in terms of post-test knowledge scores. An increase in knowledge score indicates improvement and reflects the impact of the informational booklet.
- 4. Feedback :** Feedback is the evaluation component of the system. It involves comparison of pre- test and post-test knowledge scores to determine the effectiveness of the informational booklet. Based on the findings, recommendations are made for future educational interventions.

Fig 1 : Conceptual Framework on Knowledge of Govt. Primary School Teachers based on Modified General System Theory by Ludwig Von Bertalanffy (1968)



RESEARCH METHODOLOGY

Research Approach	: Quantitative research approach
Research design	: A Pre-Experimental one group pre-test post- test design.
Setting	: Government Primary Schools in Zemabawk locality (4 Schools) and Bawngkawn locality (4 Schools)
Population	: Government Primary School Teachers working in the selected 8 Government Primary schools of Zemabawk and Bawngkawn localities.
Sample and Sample size	: Government Primary School Teachers, 64 in numbers
Sampling technique	: Non-Probability convenience sampling technique
Variables	
Dependent variables	: Knowledge level of Government Primary School Teachers regarding management of minor ailments among school children.
Independent variables	: Information booklet on management of minor ailments among school children.

Sampling criteria

Inclusion Criteria:

- Government Primary School Teachers who are present at the time of data collection
- Government Primary School Teachers who are willing to participate and give written informed consent.

Exclusion criteria:

- Government Primary School Teachers who possess a professional qualification in any health - related field (eg - nursing, pharmacy, public health).
- Government Primary School Teachers who have previously participated in a similar study.
- Government Primary School Teachers who have previously attended a formal training programme on management of minor ailments.

DESCRIPTION OF THE TOOL

The self-administered structured questionnaire was divided into two :

Tool – 1 : Demographic proforma of Government Primary School Teachers

This section includes 10 items related to demographic variables such as Age, Gender, Educational status, Marital status, Number of children, Type of family, Years of teaching experienced in teaching, Previous experience of handling injured children, heard about first aid management of minor injuries, source of information about first aid management of minor ailments.

Tool – 2 : It consists of Self – administered structured knowledge questionnaire. The tool consists of 25 closed – ended multiple choice questions to assess the knowledge level of Government Primary School Teachers regarding management of minor ailments

DATA COLLECTION PROCEDURE

Prior to the commencement of data collection, ethical approval was obtained from the Institutional Ethics Committee (IEC) of the Regional Institute of Paramedical and Nursing Sciences (RIPANS). Formal administrative permission was subsequently obtained from the Headmasters of the eight selected Government Primary Schools located in the Bawngkawn and Zemabawk localities of Aizawl, Mizoram. The data collection was conducted over a period of twelve days, from 13th April to 24th April, 2026, in the selected Government Primary Schools. Participants were selected based on the predetermined inclusion criteria using a non-probability convenience sampling technique. Before data collection, the researcher met each eligible participant individually and explained the purpose, objectives, and significance of the study in simple and understandable language. Participants were informed that their participation was entirely

voluntary and that they had the right to withdraw from the study at any stage without any penalty or consequences. They were assured that the study would not cause any physical, psychological, social, or financial harm. Confidentiality and anonymity of all information provided were strictly maintained throughout the study. Written informed consent was obtained from each participant before their participation. Data were collected using a self-administered structured questionnaire developed by the researcher. The questionnaire consisted of two sections: Section A, which included socio-demographic variables, and Section B, which comprised multiple-choice questions assessing knowledge regarding the management of selected minor ailments among school children. Clear instructions regarding the completion of the questionnaire were provided before administration. The pre-test was conducted from 13th April to 17th April, 2026. Data were collected from two Government Primary Schools each day, and each participant required approximately 15–20 minutes to complete the questionnaire. The completed questionnaires were collected immediately after completion to ensure completeness and minimize missing data. Following the completion of the pre-test, the information booklet on the management of selected minor ailments among school children was distributed to all participants. The researcher briefly explained the contents of the booklet and encouraged the participants to read and utilize it during the interval period. The post-test was conducted seven days after the administration of the information booklet, from 21st April to 24th April, 2026, using the same structured questionnaire to assess the effectiveness of the information booklet in improving the participants' knowledge. The completed post-test questionnaires were collected immediately after completion. The collected data were checked for completeness, coded systematically, and prepared for statistical analysis.

RESULTS AND DISCUSSION

SECTION I: DESCRIPTION OF GOVERNMENT PRIMARY SCHOOL TEACHERS ACCORDING TO THEIR SOCIO-DEMOGRAPHIC VARIABLES.

Table 4.1

Frequency and Percentage Distribution were computed for describing the Demographic Variables of Government Primary School Teachers

n = 64

VARIABLES	FREQUENCY	PERCENTAGE
Age Group		
Below 25 years	5	7.8 %
26 - 35 years	11	17.2 %
36 - 45 years	21	32.8 %
46 - 55 years.	16	25 %
Above 55 years	11	17.2 %
Gender :		
Male	28	43.8 %
Female	36	56.2 %
Third Gender	0	0

Educational Status :

Class XII	5	7.8 %
Graduate	16	25 %
Post Graduate	13	20.3 %
D.El.Ed	19	29.7 %
B.Ed. (Bachelor of Education)	11	17.2 %

Marital Status :

Unmarried	31	48.4
Married	26	40.6
Widowed	3	4.7
Divorce	4	6.3
Separated	0	0

Number of children (if married) :

None	31	48.4
1	11	17.2
2	9	14.1
3 and above	13	20.3

Type of Family :

Nuclear	32	50
Joint	21	32.8
Extended Family	11	17.2

Years of experienced in teaching :

Less than 1 year	5	7.8
1 - 5 years	18	28.1
6 - 10 years	14	21.9
More than 10 years	27	42.2

Previous experience of handling injured children in school :

Yes	53	82.8
No	11	12.2

Have you ever heard about first aid management of minor injuries?

Yes	55	85.9
No	9	14.1

If Yes, source of information about first aid management of minor ailments :

Health Department / Health Professional	29	45.3
Training programme / workshop	0	0
Mass Media/Internet / Social media	24	37.5

Table 4.1 reveals the demographic characteristics of 64 respondents. It highlights the majority of the participants, 21 (32.8%), belonged to the age group of 36–45 years. This was followed by 16 (25%) participants in the age group of 46–55 years. Participants aged between 26–35 years and above 55 years each constituted 11 (17.2%) of the sample. Only 5 (7.8%) participants were below 25 years of age. With regard to gender, the majority of the participants were females, accounting for 36 (56.2%), whereas 28 (43.8%) were males. None of the participants belonged to the transgender category. The educational status of the participants showed that the highest proportion, 19 (29.7%), had completed D.El.Ed qualification. This was followed by 16 (25%) graduates and 13 (20.3%) postgraduates. Participants possessing B.Ed. qualification constituted 11 (17.2%), while only 5 (7.8%) had educational qualification up to Class XII. Regarding marital status, the majority of the participants, 31 (48.4%), were unmarried. Married participants accounted for 26 (40.6%). Widowed participants constituted 3 (4.7%), while 4 (6.3%) were divorced. None of the participants were separated. Having the number of children revealed that 31 (48.4%) participants had no children. Among the remaining participants, 11 (17.2%) had one child, 9 (14.1%) had two children, and 13 (20.3%) had three or more children. With regard to type of family, half of the participants, 32 (50%), belonged to nuclear families. Participants from joint families accounted for 21 (32.8%), whereas 11 (17.2%) belonged to extended families. The teaching experience revealed that the majority of the participants, 27 (42.2%), had more than 10 years of teaching experience. Participants with 1–5 years of experience accounted for 18 (28.1%), while 14 (21.9%) had 6–10 years of experience. Only 5 (7.8%) participants had less than 1 year of teaching experience. Regarding previous experience of handling injured children in school, the majority of the participants, 53 (82.8%), reported that they had previous experience, whereas 11 (17.2%) reported no such experience. The findings revealed that 55 (85.9%) participants had heard about first aid management of minor injuries, whereas 9 (14.1%) had not heard about it. This indicates that the majority of the participants had prior awareness regarding first aid management. Among the participants who had heard about first aid management of minor ailments, the major source of information was Health Department/Health Professionals, accounting for 29 (45.3%). Mass media, internet, and social media were reported as the source of information by 24 (37.5%) participants. Family and peer group constituted the source of information for 11 (17.2%) participants, while none of the participants reported training programme or workshops as their source of information.

SECTION II: ASSESSMENT OF PRE-TEST KNOWLEDGE LEVEL OF GOVERNMENT PRIMARY SCHOOL TEACHERS REGARDING MANAGEMENT OF MINOR AILMENTS AMONG CHILDREN.

Table 4.2

Frequency and percentage of Pre-test Knowledge Level of Government Primary School Teachers regarding management of minor ailments among children.

			n = 64
Pre-test Knowledge Level	Frequency (f)	Percentage (%)	
Inadequate	1	1.5	
Moderate	52	81.3	
Adequate	11	17.2	
Total	64	100	

Table 4.2 depicts the overall pre-test knowledge level of Government Primary School Teachers regarding the management of minor ailments among school children. The majority of the respondents, 52 (81.3%), had moderate knowledge, while 11 (17.2 %) had adequate knowledge. Only 1 (1.5%) respondent had inadequate knowledge. The findings indicate that most Government Primary School Teachers possessed moderate pre-test knowledge regarding the management of minor ailments among school children.

SECTION III: ASSESSMENT OF POST-TEST KNOWLEDGE SCORES AFTER DISTRIBUTION OF INFORMATION BOOKLET

Table 4.3

Frequency and percentage of Post-test Knowledge Level of Government Primary School Teachers

n = 64		
Post-test Knowledge Level	Frequency (f)	Percentage (%)
Inadequate	2	3.1
Moderate	14	21.9
Adequate	48	75
Total	64	100

Table 4.3 revealed the post-test knowledge level of Government Primary School Teachers after distribution of information booklet. Out of 64 teachers, the majority 48 (75%) had adequate knowledge, while 14 (21.9%) had moderate knowledge. Only 2 (3.1%) had inadequate knowledge. This indicates the teachers had adequate knowledge regarding management of minor ailments among school children after distribution of information booklet.

SECTION IV : EFFECTIVENESS OF INFORMATION BOOKLET BY COMPARING PRE-TEST AND POST-TEST KNOWLEDGE SCORES

Table 4.4

Area wise Comparison of pre-test and post-test knowledge scores on effectiveness of information booklet.

n = 64					
Knowledge Area	Pre-test Mean	Post-test Mean	t-value	df	p-value
Fever: Definition	0.17	0.72	-6.829	63	0.000***
Fever: Danger signs	0.48	0.77	-3.441	63	0.001**
Fever: Causes	0.55	0.83	-3.729	63	0.000***
Fever: First aid	0.66	0.81	-1.930	63	0.058
Fever: Emergency level	0.55	0.75	-2.512	63	0.015*
URTI: Definition	0.45	0.86	-5.851	63	0.000***
URTI: Symptoms	0.62	0.81	-2.681	63	0.009**
URTI: Causes	0.47	0.84	-4.965	63	0.000***
URTI: Spread	0.73	0.95	-3.375	63	0.001**

Knowledge Area	Pre-test Mean	Post-test Mean	t-value	df	p-value
URTI: Prevention	0.72	0.83	-1.473	63	0.146
Diarrhea: Definition	0.59	0.88	-3.903	63	0.000***
Diarrhea: Causes	0.50	0.86	-5.011	63	0.000***
Diarrhea: Prevention	0.64	0.86	-3.192	63	0.002**
Diarrhea: Management	0.52	0.88	-4.786	63	0.000***
Diarrhea: Dehydration signs	0.58	0.81	-2.948	63	0.004**
Epistaxis: Definition	0.56	0.78	-2.676	63	0.009**
Epistaxis: Causes	0.55	0.77	-2.676	63	0.009**
Epistaxis: First aid	0.44	0.83	-4.753	63	0.000***
Epistaxis: Duration of pressure	0.59	0.89	-4.079	63	0.000***
Epistaxis: Hospital referral	0.58	0.84	-3.557	63	0.001**
Cuts: First step	0.66	0.83	-2.178	63	0.033*
Cuts: Continuous bleeding	0.64	0.86	-3.192	63	0.002**
Cuts: When to seek help	0.56	0.78	-2.676	63	0.009**
Cuts: Reduce scarring	0.59	0.92	-5.191	63	0.000***
Cuts: First aid kit	0.72	0.86	-2.010	63	0.049*

* $p < 0.05$ (Significant) , ** $p < 0.01$ (Highly significant),

*** $p < 0.001$ (Very highly significant).

Table 4.4 illustrated the effectiveness of the informational booklet in improving the knowledge of government primary school teachers regarding the management of minor ailments among school children. The effectiveness was assessed by comparing the pre-test and post-test knowledge scores using the paired t-test. Significant improvement in knowledge was found regarding fever definition, danger signs, causes, and emergency level; URTI definition, symptoms, causes, and spread; diarrhoea definition, causes, prevention, management, and dehydration signs; epistaxis definition, causes, first aid, duration of pressure, and hospital referral; and cuts first step, continuous bleeding, when to seek help, reducing scarring, and first aid kit. However, no statistically significant improvement was observed in knowledge regarding fever first aid ($p = 0.058$) and URTI prevention ($p = 0.146$), as the p-values were greater than the 0.05 level of significance. The findings revealed that the post-test mean scores were higher than the pre-test mean scores in almost all knowledge areas, indicating an improvement in knowledge after the administration of the informational booklet. Statistically significant improvement was observed in most areas related to fever, upper respiratory tract infection (URTI), diarrhoea, epistaxis, and minor cuts, as the obtained p-values were less than the 0.05 level of significance. Overall, the findings indicate that the informational booklet was effective in improving the knowledge of government primary school teachers regarding the management of minor ailments among school children.

Table 4.5

Comparison of pre-test and post-test knowledge scores on effectiveness of information booklet.

n = 64

Knowledge scores	Mean	Mean difference	S.D	Standard Error mean	df	t value	P-value
Pre-test	14.10		2.757				
Post-test	20.81	- 6.746	2.031	0.55	63	- 15.891	.000*

*** p < 0.0001 (Very highly significant)

Table 4.5 revealed that the mean difference between the pre-test and post-test scores was - **6.746**, indicating that the post-test scores were higher than the pre-test scores. The calculated t-value was **-15.891** with **62 degrees of freedom (df)**. The obtained p-value was **0.000**, which is less than the level of significance of 0.05. This indicates that there was a statistically significant difference between the pre-test and post-test knowledge scores. The null hypothesis was rejected and the research hypothesis was accepted. Therefore, the information booklet was effective in improving the knowledge of Government Primary School Teachers regarding the management of minor ailments among school children.

SECTION V: ASSOCIATION BETWEEN PRE-TEST KNOWLEDGE LEVEL AND SELECTED DEMOGRAPHIC VARIABLES.

Table 4.6:

Association between pre-test knowledge level and selected demographic variables

n = 64

DEMOGRAPHIC VARIABLES	KNOWLEDGE SCORES			P-value	Fisher's Exact Test
	Inadequate	Moderate	Adequate		
Age Group					
Below 25 years	1	4	2	0.728	6.460
26 - 35 years	2	4	1		
36 - 45 years	1	2	11		
46 - 55 years.	1	18	9		
Above 55 years	1	3	4		
Gender :					
Male	3	11	12	0.489	1.888
Female	2	19	17		
Third Gender	0	0	0		
Educational Status :					
Class XII	2	5	5	0.489	8.967
Graduate	3	4	1		
Post Graduate	1	5	3		
D.El.Ed	1	12	9		

B.Ed (Bachelor of Education)	0	7	6		
Marital Status :					
Unmarried	1	15	11	0.668	9.507
Married	2	9	14		
Widowed	0	0	0		
Divorce	0	4	2		
Separated	1	4	1		
Number of children (if married) :					
None	3	16	15	0.113	8.610
1	1	3	6		
2	1	3	3		
3 and above	1	7	5		
Type of Family :					
Nuclear	1	15	14	0.199	5.327
Joint	2	10	5		
Extended Family	2	9	6		
Years of experienced in teaching :					
Less than 1 year	1	4	3	0.873	3.575
1 - 5 years	0	5	3		
6 - 10 years	1	9	7		
More than 10 years	2	17	12		
Previous experience of handling injured children in school :					
Yes	1	21	11	0.728	0.967
No	4	10	17		
Have you ever heard about first aid management of minor injuries?					
Yes	2	19	14	0.620	1.696
No	4	11	14		
Yes, source of information about first aid management of minor ailments :					
Health Department / Health Professional	3	3	6	0.737	4.769
Training programme / workshop	0	0	0		
Mass Media/Internet / Social media	1	21	16		
Family and peer group	1	8	5		

Table 4.6 reveal that there was no statistically significant association between pre-test knowledge level and any of the selected demographic variables among Government Primary School Teachers. Fisher's Exact Test was used to determine the association between the variables and the pre-test knowledge .

As all the p-values were greater than the 0.05 level of significance. Hence, the null hypothesis was accepted and it was concluded that variables such as age group, gender, educational qualification, marital status, number of children, family type, teaching experience, experience in handling an injured child, hearing about first aid, and sources of information did not show any statistically significant association with the pre-test knowledge level of the participants.

The findings indicate that the pre-test knowledge regarding management of minor ailments among school children was independent of the selected demographic characteristics of the Government Primary School Teachers.

Discussion

The findings related to the present study, the finding shows the majority of the respondents, 52 (81.3%), had moderate knowledge, while 11 (17.2 %) had adequate knowledge. Only 1 (1.5%) respondent had inadequate knowledge.

The study is supported by a similar study conducted by (Veena Sakhardande et al.,2024), regarding first aid management of minor injuries among teachers reported that the majority of primary school teachers (63.3%) had average knowledge in the pre-test assessment before the planned teaching programme. ^[5]

The findings related to the present study, the finding shows improved knowledge scores in all areas related to fever, upper respiratory tract infection (URTI), diarrhoea, epistaxis, and minor cuts. It indicate that the Government Primary School Teachers had good post-test knowledge regarding the management of minor ailments among school children after administration of the informational booklet.

The study is supported by as similar study conducted by (Lukose, A., Margaret , E. B., & Nayak, B.R. 2019) which is quasi-experimental study that showed a significant improvement in post-test knowledge scores regarding management of minor ailments among school children after implementation of the child-to-child educational programme. ^[6]

The findings related to the present study, the finding revealed that the post-test mean scores were higher than the pre-test mean scores in almost all knowledge areas, indicating an improvement in knowledge after the administration of the informational booklet. Statistically significant improvement was observed in most areas related to fever, upper respiratory tract infection (URTI), diarrhea, epistaxis, and minor cuts, as the obtained p-values were less than the 0.05 level of significance. Therefore, hypothesis H1 was accepted.

The study is supported by a similar study conducted by (Sakle,P., et al., 2021), to assessed the effectiveness of an informational booklet on knowledge of mothers regarding home management of common illnesses among children aged 2 months to 5 years. A one-group pre-test and post-test design was used among 50 mothers. The mean pre-test knowledge score was 9.24 (SD ± 2.90), which increased to 18.16 (SD ± 1.68) in the post-test. The paired 't' test value (21.06) showed a statistically significant improvement at 0.05 level. The study concluded that the informational booklet was an effective educational intervention in improving mothers' knowledge regarding home management of common childhood illnesses. ^[7]

The findings related to the present study, all the p-values were greater than the 0.05 level of significance. Hence, the null hypothesis was accepted and hypothesis H₂ is rejected and it was concluded that variables such as age group, gender, educational qualification, marital status, number of children, family type, teaching experience, experience in handling an injured child, hearing about first aid, and sources of

information did not show any statistically significant association with the pre-test knowledge level of the participants.

The study is supported by a similar study conducted by (Vijayata, Kumar, Y., & Sarin, J. 2021). The study found a significant association between pre-test knowledge scores and educational status of school teachers, whereas age, gender, marital status, teaching experience, and previous first aid exposure showed no significant association. .^[8]

IMPLICATION

Nursing Education

The findings of the study indicate that an information booklet is effective in improving the knowledge of primary school teachers regarding management of minor ailments among primary school children. Therefore, nursing education should emphasize the importance of health education and preparation of simple educational materials for teachers, parents, and community members. Nursing students should be trained to develop and utilize information booklets, leaflets, and teaching programmes as effective teaching-learning strategies in school health services. The study also highlights the need to include school health nursing and management of minor ailments in the nursing curriculum to strengthen preventive and promotive healthcare practices.

Nursing Practice

The study has important implications for nursing practice, especially in community health nursing and school health services. Nurses can play a major role in educating school teachers regarding identification and management of minor ailments among school children. Information booklets and other educational interventions can be used by nurses as effective tools to improve teachers' knowledge and promote early management of common health problems.

Nursing Administration

The findings of the study emphasize the responsibility of nursing administrators in organizing and implementing school health education programmes. Nursing administrators can encourage community health nurses and school health nurses to prepare and distribute information booklets related to child health and minor ailments. They can also arrange in-service education, workshops, and training programmes for teachers to enhance their knowledge and skills regarding management of minor ailments. Adequate support and resources should be provided for conducting school health activities effectively.

Nursing Research

The study contributes to the existing body of nursing knowledge regarding the effectiveness of educational interventions in improving knowledge. The findings provide baseline data for future researchers interested in school health nursing and health education. Similar studies can be conducted on a larger sample and in different settings to generalize the findings. Comparative studies can also be carried out to assess the effectiveness of different teaching methods such as structured teaching programmes, video-assisted teaching, or self-instructional modules. Further research may also be conducted to evaluate long-term retention of knowledge and its impact on actual practices among teachers.

LIMITATIONS

- The study was limited to selected participants from a specific setting; therefore, the findings cannot be generalized to all populations.
- The sample size was relatively small, which may limit the wider applicability of the results.

- The study focused only on selected minor ailments among school children, therefore the findings cannot be extended to all school health problems.
- The study assessed only the effectiveness of the information booklet on knowledge and did not evaluate actual practice or behavioral changes among participants.

RECOMMENDATIONS

- Similar studies can be conducted on a larger sample to improve the generalizability of the findings.
- A comparative study may be conducted between government and private school teachers regarding knowledge on management of minor ailments among primary school children.
- Similar studies can be replicated in different settings such as rural and urban schools to compare the effectiveness of the information booklet.
- Studies may be conducted to assess not only knowledge but also the actual practices of teachers regarding management of minor ailments among primary school children.

CONCLUSION

The present study was conducted to evaluate the effectiveness of an information booklet in improving the knowledge of Government Primary School teachers regarding the management of minor ailments among school children in Aizawl, Mizoram. The study focused on common minor ailments such as fever, upper respiratory tract infection (URTI), diarrhea, epistaxis, and minor cuts, which are frequently encountered in school settings and require immediate attention. The findings revealed that the mean difference between the pre-test and post-test scores was -6.746, indicating that the post-test scores were higher than the pre-test scores. The calculated t-value was -15.891 with 62 degrees of freedom (df). The obtained p-value was 0.000, which is less than the level of significance of 0.05. Hence, the information booklet was found to be effective in improving teachers' knowledge regarding the management of minor ailments among school children. The pre-test total score had a mean of 14.10 with a standard deviation of 2.757, indicating a moderate level of knowledge among the teachers before the administration of the information booklet. The scores ranged from a minimum of 8 to a maximum of 20. The post-test total score showed an increased mean of 20.81 with a standard deviation of 2.031, demonstrating an improvement in the teachers' knowledge after the intervention. The post-test scores ranged from 16 to 25. The decrease in standard deviation from pre-test to post-test indicates that the post-test scores were more consistent among the participants. Overall, the increase in mean score from pre-test to post-test suggests that the information booklet was effective in improving the knowledge of Government Primary School Teachers regarding the management of minor ailments among school children.

CONFLICT OF INTEREST: The author declares no conflict of interest.

ACKNOWLEDGEMENT

The author expresses sincere gratitude to Almighty God for His abundant blessings, grace, and guidance throughout the successful completion of this study. The author extends heartfelt thanks to the Institutional Ethics Committee (IEC) for granting ethical approval, the Local Council Chairman for granting permission to conduct the study, and all the participants for their valuable cooperation and willingness to take part in the research. Deep appreciation is also extended to the research guides for their invaluable guidance, constant encouragement, constructive suggestions, and dedicated support throughout the study. Finally, the author expresses profound gratitude to the family for their unwavering love, encouragement, prayers, and continuous support, which made the successful completion of this research possible.

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